

01-31-06

Docket No: AHP92038-2-C
PatentAF
21WIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re of Application of: Alan A. DAVIS *et al.*
Application No.: 09/457,421 Group Art No.: 1648
Filed: December 7, 1999 Examiner: LE, Emily M.
For: RECOMBINANT ADENOVIRUS VACCINES
Confirmation No.: 7663
Customer Number: 25291

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS**

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed November 2, 2005.

1. REQUEST FOR ORAL HEARING

☐ An oral hearing is respectfully requested. Pursuant to 37 CFR 41.20(b)(3), the fee is \$1,000.00.

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 CFR 41.20(b)(1), the fee for filing the Notice of Appeal is \$500.00.

3. EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

CERTIFICATE OF MAILING 37 CFR §1.10

I hereby certify that this paper and the documents referred to as enclosed therein are being deposited with the United States Postal Service on the date written below in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EV080114123US addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

January 30, 2006
Date

Karolina Piorek
Karolina Piorek

02/01/2006 HTECKLU1 00000009 011425 09457421

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- (a) ☐ Applicant petitions for an extension of time for the total number of months checked below.

<input type="checkbox"/>	One Month.	Fee in the amount of	\$	120.00
<input type="checkbox"/>	Two Months.	Fee in the amount of	\$	450.00
<input type="checkbox"/>	Three Months.	Fee in the amount of	\$	1,020.00
<input type="checkbox"/>	Four Months.	Fee in the amount of	\$	1,590.00
<input type="checkbox"/>	Five Months.	Fee in the amount of	\$	2,160.00

If an additional extension of time is required, please consider this a petition therefore.

(Check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured and the fee paid therefore of \$0.00 is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request: \$0.00

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

4. **TOTAL FEE DUE**

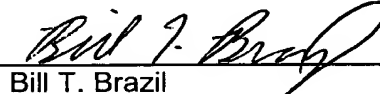
The total fee due is:

Notice of Appeal fee	\$500.00
Extension fee (if any)	0.00
Oral Hearing fee	0.00
TOTAL FEE DUE	\$500.00

5. **FEE PAYMENT**

Charge fee to Deposit Account No. 01-1425. A duplicate of this petition is attached.

If any additional extension and/or fee is required, charge Account No. 01-1425.



Bill T. Brazil
Agent for Applicants
Reg. No. 50,733

Wyeth
Patent Law Department
Five Giralda Farms
Madison, NJ 07940
Tel. No. (732) 274-4843